

FEC FORM 5**REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED****To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations**

1. (a) Name of Individual, Organization or Corporation Working America		3. FEC Identification Number <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C90011156</div>		
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 815 16th St., N.W.				
(c) City, State and ZIP Code Washington DC 20006				
2.	Corporate filers only Is the filer a qualified nonprofit corporation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Individual filers only <table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 60%;">Name of Employer</td> <td style="border: none; width: 40%;">Occupation</td> </tr> </table>			Name of Employer	Occupation
Name of Employer	Occupation			

4. TYPE OF REPORT (check appropriate boxes):

- (a) ☐ April 15 Quarterly Report ☒ 24-Hour Notice ☐ 48-Hour Notice
- ☐ July 15 Quarterly Report
- ☐ October Quarterly Report
- ☐ January 31 Year-End Report

(b) Is this Report an amendment? Yes ☐ No ☒

5. COVERING PERIOD: FROM

M M / D D / Y Y Y Y

0 5 / 2 0 / 2 0 1 0

THROUGH

M M / D D / Y Y Y Y

0 5 / 2 0 / 2 0 1 0

6. TOTAL CONTRIBUTIONS

0.00

7. TOTAL INDEPENDENT EXPENDITURES.....

3452.29

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in constitution with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee or a political party committee or its agent. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM**SIGNATURE****DATE**

Jeff Prior

05/21/2010

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. 437g.

For further information, contact:

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Freddie Adams

Date

M M / D D / Y Y Y Y
0 5 / 2 0 / 2 0 1 0Mailing Address
9511 Woodford Drive

Amount

123.20

City
Little RockState
ARZip Code
72209Purpose of Expenditure
Salary and benefitsCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterDisbursement For:
2010☐ Primary☐ General☐ Other (specify) RunoffCalendar Year-To-Date Per Election
for Office Sought

492.80

Full Name (Last, First, Middle Initial) of Payee
Jessica Akers

Date

M M / D D / Y Y Y Y
0 5 / 2 0 / 2 0 1 0Mailing Address
2221 Wentwood Valley Dr. #44

Amount

164.75

City
Little RockState
ARZip Code
72212Purpose of Expenditure
Salary and benefitsCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterDisbursement For:
2010☐ Primary☐ General☐ Other (specify) RunoffCalendar Year-To-Date Per Election
for Office Sought

7241.42

Full Name (Last, First, Middle Initial) of Payee
William Bradshaw

Date

M M / D D / Y Y Y Y
0 5 / 2 0 / 2 0 1 0Mailing Address
P.O. Box 561

Amount

123.20

City
Mt. IdaState
ARZip Code
71957Purpose of Expenditure
Salary and benefitsCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterDisbursement For:
2010☐ Primary☐ General☐ Other (specify) RunoffCalendar Year-To-Date Per Election
for Office Sought

739.20

(a) SUBTOTAL of Itemized Independent Expenditures

411.15

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE **3 / 11**

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee

Ryan Budman

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	0		2	0	1	0

Mailing Address

5701 Cochiti Dr, NW

Amount

25.00

City

Albuquerque

State

NM

Zip Code

87120

Purpose of Expenditure

Per diem

Category/
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☐ Primary☐ General

2010

☐ Other (specify)RunoffCalendar Year-To-Date Per Election
for Office Sought

7764.36

Full Name (Last, First, Middle Initial) of Payee

Ryan Budman

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	0		2	0	1	0

Mailing Address

5701 Cochiti Dr, NW

Amount

176.51

City

Albuquerque

State

NM

Zip Code

87120

Purpose of Expenditure

Salary and benefits

Category/
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☐ Primary☐ General

2010

☐ Other (specify)RunoffCalendar Year-To-Date Per Election
for Office Sought

7940.87

Full Name (Last, First, Middle Initial) of Payee

Stanley Cash

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	0		2	0	1	0

Mailing Address

1622 Gaines

Amount

123.20

City

Little Rock

State

AR

Zip Code

72206

Purpose of Expenditure

Salary and benefits

Category/
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☐ Primary☐ General

2010

☐ Other (specify)RunoffCalendar Year-To-Date Per Election
for Office Sought

4989.60

(a) **SUBTOTAL** of Itemized Independent Expenditures

324.71

(b) **SUBTOTAL** of Unitemized Independent Expenditures(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)

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ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee

Gaelynn Dooley

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	0		2	0	1	0

Mailing Address

95 W. 1st Ave Apt 1

Amount

45.00

City

Columbus

State

OH

Zip Code

43215

Purpose of Expenditure

Per diem

Category/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☐ Primary☐ General☐ Other (specify) RunoffCalendar Year-To-Date Per Election
for Office Sought

11947.78

Full Name (Last, First, Middle Initial) of Payee

Gaelynn Dooley

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	0		2	0	1	0

Mailing Address

95 W. 1st Ave Apt 1

Amount

218.18

City

Columbus

State

OH

Zip Code

43215

Purpose of Expenditure

Salary and benefits

Category/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☐ Primary☐ General☐ Other (specify) RunoffCalendar Year-To-Date Per Election
for Office Sought

12165.96

Full Name (Last, First, Middle Initial) of Payee

Extended Stay Hotel

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	0		2	0	1	0

Mailing Address

Hardin Rd

Amount

172.92

City

Little Rock

State

AR

Zip Code

72203

Purpose of Expenditure

Housing

Category/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☐ Primary☐ General☐ Other (specify) RunoffCalendar Year-To-Date Per Election
for Office Sought

12927.05

(a) SUBTOTAL of Itemized Independent Expenditures

436.10

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

Image# 10990709730
SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Joseph Fazzio

Date

M M / D D / Y Y Y Y
0 5 / 2 0 / 2 0 1 0

Mailing Address
5011 South Swanson St.

Amount

25.00

City State Zip Code
Las Vegas NV 89119

Purpose of Expenditure
Per diem

Category/
Type

Office Sought: ☐ House State: AR
☒ Senate
☐ President District: _____

Check One: ☒ Support ☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:
Bill Halter

Calendar Year-To-Date Per Election
for Office Sought 718.20

Disbursement For: ☐ Primary ☐ General
2010
☐ Other (specify) Runoff

Full Name (Last, First, Middle Initial) of Payee
Jack Gammill

Date

M M / D D / Y Y Y Y
0 5 / 2 0 / 2 0 1 0

Mailing Address
101 Pine Forest Drive

Amount

123.20

City State Zip Code
Maumelle AR 72113

Purpose of Expenditure
Salary and benefits

Category/
Type

Office Sought: ☐ House State: AR
☒ Senate
☐ President District: _____

Check One: ☒ Support ☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:
Bill Halter

Calendar Year-To-Date Per Election
for Office Sought 2156.00

Disbursement For: ☐ Primary ☐ General
2010
☐ Other (specify) Runoff

Full Name (Last, First, Middle Initial) of Payee
Cheryl Hodges

Date

M M / D D / Y Y Y Y
0 5 / 2 0 / 2 0 1 0

Mailing Address
905 Palmer Avenue

Amount

123.20

City State Zip Code
Little Rock AR 72019

Purpose of Expenditure
Salary and benefits

Category/
Type

Office Sought: ☐ House State: AR
☒ Senate
☐ President District: _____

Check One: ☒ Support ☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:
Bill Halter

Calendar Year-To-Date Per Election
for Office Sought 2094.40

Disbursement For: ☐ Primary ☐ General
2010
☐ Other (specify) Runoff

(a) SUBTOTAL of Itemized Independent Expenditures

271.40

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Willie Holmes

Date

M M / D D / Y Y Y Y
0 5 / 2 0 / 2 0 1 0Mailing Address
2220 S. State St. Apt 3

Amount

218.18

City State Zip Code
Little Rock AR 72206Purpose of Expenditure
Salary and benefitsCategory/
TypeOffice Sought: ☐ House State: AR
☒ Senate
☐ President District: _____Name of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 10254.46Disbursement For: ☐ Primary ☐ General
2010
☐ Other (specify) RunoffFull Name (Last, First, Middle Initial) of Payee
Steve Karbowski

Date

M M / D D / Y Y Y Y
0 5 / 2 0 / 2 0 1 0Mailing Address
4195 West 22nd St

Amount

25.00

City State Zip Code
Cleveland OH 44109Purpose of Expenditure
Per diemCategory/
TypeOffice Sought: ☐ House State: AR
☒ Senate
☐ President District: _____Name of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 8938.42Disbursement For: ☐ Primary ☐ General
2010
☐ Other (specify) RunoffFull Name (Last, First, Middle Initial) of Payee
Steve Karbowski

Date

M M / D D / Y Y Y Y
0 5 / 2 0 / 2 0 1 0Mailing Address
4195 West 22nd St

Amount

176.51

City State Zip Code
Cleveland OH 44109Purpose of Expenditure
Salary and benefitsCategory/
TypeOffice Sought: ☐ House State: AR
☒ Senate
☐ President District: _____Name of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 9114.93Disbursement For: ☐ Primary ☐ General
2010
☐ Other (specify) Runoff

(a) SUBTOTAL of Itemized Independent Expenditures

419.69

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 7 / 11

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee

Mark Lewis

Date

M M / D D / Y Y Y Y
0 5 / 2 0 / 2 0 1 0

Mailing Address

2509 West 6th

Amount

123.20

City

Little Rock

State

AR

Zip Code

72206

Purpose of Expenditure

Salary and benefits

Category/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☐ Primary☐ General☐ Other (specify) RunoffCalendar Year-To-Date Per Election
for Office Sought

3757.60

Full Name (Last, First, Middle Initial) of Payee

Tony Orr

Date

M M / D D / Y Y Y Y
0 5 / 2 0 / 2 0 1 0

Mailing Address

28 Bentley Circle

Amount

176.51

City

Little Rock

State

AR

Zip Code

72210

Purpose of Expenditure

Salary and benefits

Category/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☐ Primary☐ General☐ Other (specify) RunoffCalendar Year-To-Date Per Election
for Office Sought

5144.81

Full Name (Last, First, Middle Initial) of Payee

Craig Parsley

Date

M M / D D / Y Y Y Y
0 5 / 2 0 / 2 0 1 0

Mailing Address

411 6th St.

Amount

25.00

City

Newcastle

State

DE

Zip Code

19720

Purpose of Expenditure

Per diem

Category/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☐ Primary☐ General☐ Other (specify) RunoffCalendar Year-To-Date Per Election
for Office Sought

595.00

(a) SUBTOTAL of Itemized Independent Expenditures

324.71

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE **8 / 11**

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Mary Richards

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	0		2	0	1	0

Mailing Address
1203 Emerson St. Apt 21

Amount

25.00

City	State	Zip Code
Denver	CO	90218

Purpose of Expenditure
Per diemCategory/
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterCalendar Year-To-Date Per Election
for Office Sought

8938.42

Disbursement For:
2010☐ Primary☐ General☐ Other (specify) RunoffFull Name (Last, First, Middle Initial) of Payee
Mary Richards

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	0		2	0	1	0

Mailing Address
1203 Emerson St. Apt 21

Amount

176.51

City	State	Zip Code
Denver	CO	90218

Purpose of Expenditure
Salary and benefitsCategory/
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterCalendar Year-To-Date Per Election
for Office Sought

9114.93

Disbursement For:
2010☐ Primary☐ General☐ Other (specify) RunoffFull Name (Last, First, Middle Initial) of Payee
Heather Rozzo

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	0		2	0	1	0

Mailing Address
819 SW 14th Ct.

Amount

25.00

City	State	Zip Code
Ft. Lauderdale	FL	33315

Purpose of Expenditure
Per diemCategory/
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterCalendar Year-To-Date Per Election
for Office Sought

1251.08

Disbursement For:
2010☐ Primary☐ General☐ Other (specify) Runoff(a) **SUBTOTAL** of Itemized Independent Expenditures

226.51

(b) **SUBTOTAL** of Unitemized Independent Expenditures(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Terry Smith

Date

M M / D D / Y Y Y Y
0 5 / 2 0 / 2 0 1 0Mailing Address
10 Nantucket Circle

Amount

123.20

City State Zip Code
Little Rock AR 72209Purpose of Expenditure
Salary and BenefitsCategory/
TypeOffice Sought: ☐ House State: AR
☒ Senate
☐ President District: _____Name of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 3264.80Disbursement For: ☐ Primary ☐ General
2010
☐ Other (specify) RunoffFull Name (Last, First, Middle Initial) of Payee
Samuel Snodgrass

Date

M M / D D / Y Y Y Y
0 5 / 2 0 / 2 0 1 0Mailing Address
302 E. Roosevelt

Amount

123.20

City State Zip Code
Little Rock AR 72206Purpose of Expenditure
Salary and benefitsCategory/
TypeOffice Sought: ☐ House State: AR
☒ Senate
☐ President District: _____Name of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 4866.40Disbursement For: ☐ Primary ☐ General
2010
☐ Other (specify) RunoffFull Name (Last, First, Middle Initial) of Payee
Corey Spangler

Date

M M / D D / Y Y Y Y
0 5 / 2 0 / 2 0 1 0Mailing Address
2 Helen St Apt 4

Amount

176.51

City State Zip Code
Ward AR 72176Purpose of Expenditure
Salary and benefitsCategory/
TypeOffice Sought: ☐ House State: AR
☒ Senate
☐ President District: _____Name of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 6842.38Disbursement For: ☐ Primary ☐ General
2010
☐ Other (specify) Runoff

(a) SUBTOTAL of Itemized Independent Expenditures

422.91

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 10 / 11

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Logan Strom

Date

M M / D D / Y Y Y Y
0 5 / 2 0 / 2 0 1 0Mailing Address
16401 Chenal Valley Dr
Apt 2203

Amount

123.20

City State Zip Code
Little Rock AR 72223Purpose of Expenditure
Salary and benefitsCategory/
TypeOffice Sought: ☐ House State: AR
☒ Senate
☐ President District: _____Name of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 985.60Disbursement For: ☐ Primary ☐ General
2010
☐ Other (specify) RunoffFull Name (Last, First, Middle Initial) of Payee
Moksheda Thapa

Date

M M / D D / Y Y Y Y
0 5 / 2 0 / 2 0 1 0Mailing Address
3804 W. Capitol Ave

Amount

123.20

City State Zip Code
Little Rock AR 72205Purpose of Expenditure
Salary and benefitsCategory/
TypeOffice Sought: ☐ House State: AR
☒ Senate
☐ President District: _____Name of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 5112.80Disbursement For: ☐ Primary ☐ General
2010
☐ Other (specify) RunoffFull Name (Last, First, Middle Initial) of Payee
Thrifty

Date

M M / D D / Y Y Y Y
0 5 / 2 0 / 2 0 1 0Mailing Address
1 Airport Dr

Amount

75.50

City State Zip Code
Little Rock AR 72206Purpose of Expenditure
Rental carCategory/
TypeOffice Sought: ☐ House State: AR
☒ Senate
☐ President District: _____Name of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 21192.68Disbursement For: ☐ Primary ☐ General
2010
☐ Other (specify) Runoff

(a) SUBTOTAL of Itemized Independent Expenditures

321.90

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Thrifty

Date

M M / D D / Y Y Y Y
0 5 / 2 0 / 2 0 1 0Mailing Address
1 Airport Dr

Amount

75.50

City
Little RockState
ARZip Code
72206Purpose of Expenditure
Rental carCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterDisbursement For:
2010☐ Primary☐ General☐ Other (specify) RunoffCalendar Year-To-Date Per Election
for Office Sought

21268.18

Full Name (Last, First, Middle Initial) of Payee
Thrifty

Date

M M / D D / Y Y Y Y
0 5 / 2 0 / 2 0 1 0Mailing Address
1 Airport Dr

Amount

94.51

City
Little RockState
ARZip Code
72206Purpose of Expenditure
Rental carCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterDisbursement For:
2010☐ Primary☐ General☐ Other (specify) RunoffCalendar Year-To-Date Per Election
for Office Sought

21362.69

Full Name (Last, First, Middle Initial) of Payee
Corey Tory

Date

M M / D D / Y Y Y Y
0 5 / 2 0 / 2 0 1 0Mailing Address
25 Barnwood Circle

Amount

123.20

City
Little RockState
ARZip Code
72209Purpose of Expenditure
Salary and benefitsCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterDisbursement For:
2010☐ Primary☐ General☐ Other (specify) RunoffCalendar Year-To-Date Per Election
for Office Sought

3399.80

(a) SUBTOTAL of Itemized Independent Expenditures

293.21

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

3452.29